The Division of Employment Security provides a safe, easy, and trouble-free way for you to receive your weekly unemployment benefits. Direct Deposit places your benefit payment electronically into your checking or savings account. Direct Deposit information from a prior claim automatically carries over to a new benefit year claim.

AUTHORIZATION/CHANGE

Use this form to apply for direct deposit or change the di	rect deposit account information on file.
I hereby authorize Missouri Division of Employment Secur	rity, hereinafter called MODES, to initiate credit entries and
debit entries for any erroneous credit, to my checking or sa	avings account at the following bank or financial institution
(ban	ak or financial institution)
hereinafter called DEPOSITORY, to credit and/or debit the s	ame to such account. I have enclosed one of the following for
MODES use, necessary to allow deposits into my account: ((check one)
☐ CHECKING ACCOUNT – Enclose a voided or cancele	ed check.
☐ SAVINGS ACCOUNT – Enclose savings account num	ber and routing number or savings deposit slip.
This authority is to remain in force until MODES has receive such time and in such manner as to afford MODES and DEF	POSITORY a reasonable opportunity to act on it.
Social Security NumberName _	
Signature	_ Date
your account may be checked by calling the local/toll f	ill be made by debit card. Information about deposits made to free number that you use for filing weekly claims, selec TED INFORMATION ABOUT A WEEK YOU HAVE

MAIL COMPLETED FORM AND DOCUMENTATION TO:

Attn: Benefits Section Missouri Division of Employment Security P.O. Box 3100 Jefferson City, MO 65102-3100

DUE TO ELECTRONIC PROCESSING, THIS FORM AND THE DOCUMENTATION MUST BE MAILED. DO NOT FAX.